

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # V30554

1. Entity Name
T C BILLING CORPORATION



Principal Place of Business
**C/O INDIAN RIVER MEMORIAL HOSPITAL
1000 36TH STREET
VERO BCH, FL 32960 US**

Mailing Address
**C/O INDIAN RIVER MEMORIAL HOSPITAL
1000 36TH STREET
VERO BCH, FL 32960 US**



03172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0352812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NALL, ROBERT C.
655 21ST STREET
STE 203
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed for printed name of registered agent, and title if applicable

(If off: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000005516
03/24/04-80036-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**DPVE
GARDNER, GREG
1000 36TH ST
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

EXEMPTION FEE